

County of Los Angeles CHIEF EXECUTIVE OFFICE

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November 17, 2008

Board of Supervisors GLORIA MOLINA First District

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To:

Supervisor Yvonne B. Burke, Chair

Supervisor Gloria Molina Supervisor Zev Yaroslavsky Supervisor Don Knabe

Supervisor Michael D. Antonovich

From:

William T Fujioka

Chief Executive Officer

STATUS REPORT ON TRANSITION TO THE NEW LAC+USC MEDICAL CENTER (ITEM NO. S-1, AGENDA OF NOVEMBER 18, 2008)

On November 5, 2008, your Board instructed the Department of Health Services (DHS) and the Chief Executive Office (CEO) to provide bi-monthly written reports to the Board that include: 1) trends in average daily census and what efforts staff have taken to meet target census levels, including efforts to maintain hospital operations at 95 percent utilization: 2) trends in key Emergency Department (ED) indicators including but not limited to average ED wait times from triage to discharge or admission, trends in ED overcrowding, the average number of persons who "leave without being seen"; 3) trends related to the number, type and reason for patient diversions and transfers; 4) status on efforts to transfer patients from LAC+USC Medical Center to Rancho Los Amigos National Rehabilitation Center (RLA) including whether transfers are originating from the ED or inpatient beds and how many patients are refusing transfer including use of the screen process at RLA: 5) status of effort to meet all Harris Rodde indicators including Average Length of Stay (ALOS) and ED Boarding Times (EDBT); 6) status on monitoring key operational metrics for the Pediatric Department as outlined in the September 24, 2008 memo to the Board from DHS. Additionally, DHS and CEO were further instructed to provide a public update and report to the Board on these indicators, hospital operation status, and any other issues relating to the transition of the new LAC+USC Medical Center as a weekly set item beginning November 12, 2008.

At your Board's meeting of November 12, 2008, DHS provided details on the transition planning and actual move efforts into the replacement facility. As a result of effective leadership, meticulous training and coordination efforts, DHS and all of the staff support were commended for the tremendous success of this immense undertaking.

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The primary challenge in the first week of operation has been staff familiarization with the new facility, equipment and assignments and overall management of patients in a new environment. Despite extensive training and orientation, actual equipment and space utilization requires a normal learning curve that creates some delays in patient flow; however, improvements are noted on a daily basis. Similar experiences have been reported by other major Los Angeles area hospitals that have moved into new facilities.

The attached Operational Monitoring Report (OMR) has been developed in response to your Board's request and will be utilized by DHS to provide future updates as to hospital trends and key indicators of progress. It should be noted that trending data is difficult to report at this point in time as it is conducted on a monthly basis which is based on current Harris Rodde quarterly reporting methodology and standard monthly hospital reporting cycles. As a result, trending data is not available for the Average Daily Census (OMR indicator #1a), Occupancy Rate (OMR indicator #1b), EDBT (OMR Indicator #2a), ED Wait Time (OMR Indicator #2b), Leave Without Being Seeing (OMR Indicator #2c), and Surge Report (OMR Indicator #2d), ED Diversion (OMR Indicator #2e), RLA Transfers (OMR Indicators #3 and #4), ALOS (OMR Indicator #5), and Pediatric Metrics (OMR Indicator #6). As more data becomes available, it will be provided to your Board.

The data that is currently available for the first six days of operations, November 8 through November 13, includes the following:

- ED saturation diversion has averaged 67 percent which is slightly higher than the before move diversion percent which ranged from 50-60 percent. The hospital has not been on trauma diversion since opening to trauma on November 8.
- Daily census ranged from a low on November 8 of 381 patients to a high on November 13 of 425 patients with an average daily census of 410 patients or 68 percent of occupancy.
- Pediatric bed census has increased from 36 patients on November 8 to 52 patients on November 13 for an average occupancy of 45 patients/day or 47 percent of occupancy.

As previously noted, future OMR reports will be provided by DHS.

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Should you have any questions, please contact me or your staff may contact Dara Lark, of this Office at (213) 974-2396 or Carol Meyer, DHS, at (213) 240-8370.

WTF: SRH:SAS MLM:DL:yb

Attachment

c: Executive Officer, Board of Supervisors County Counsel Interim Director, Department of Health Services

111708_HMHS_MBS_LAC+USC Transition

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dail	y Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC 650 640 637 623 622 625.5 619.5 623 612 609 605 590 590 580 570 580 580 570 580 580 570 580 580 570 580 580 570 580 580 570 580 580 580 580 580 580 580 580 580 58	ADC provided as background information. Data under development for future monthly reporting and trending. See cover memo for census from first six days after move.

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.	Data under development for future monthly reporting and trending.	See cover memo for census data from first six days after move.
	Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, but excluding normal newborns and psychiatric inpatients divided by 600 licensed beds.		
	Source of Data: Affinity	1	
	Target: 95%		

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmer	t Metrics	
2a. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition)	Median Boarding Time 5:21 5:00 5:00 4:46 4:48 4:34 3:43 3:43 3:45 3:40 4:00 3:37 3:44 3:45 3:40 3:21 3:22 2:58 92:24 2:34 2:34	
*Harris Rodde Indicator	disposition). Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle		
	two values. Source of Data: Affinity	Pediatrics: Data under development for future monthly reporting and trending.	
	Target: Less than 7 hours.	*Preliminary data pending auditor controller validation	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
Indicator #2 2b. ED Wait Time	Emergency Departmen ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity Target: No target value. Lower numbers are better.	Data under development for future monthly reporting and trending.	

Indicator	Definition	Data	Comments
Indicator #2	Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	Data under development for future monthly reporting and trending.	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better		

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	it Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.	Average Diversion % from November 8 – 13 = 67% No trauma diversion requested after November 8. Trending will be developed for future reports.	This is slightly higher than the before move diversion history which generally ranged between 50-60%. Key points: Diversion is for
	Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet		paramedic runs only; basic life support ambulances still arrive. When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".
2e. Surge Report		Surge reporting suspended during move weeks. Data not available. Will provide when reinstituted.	

Indicator	Definition		·	Data			Comments
Indicator #3	- Trends for Patient Dive	ersions and	Transfers & #	4 – Transfer	s to Rancho	Los Amigos Met	rics
3. & 4.	Transfers:	Month of October					Trending to be
Rancho	The volume of patients transferred to RLAH for	Referrals from ER:					developed for montly reporting.
Los Amigos Hospital	acute hospitalization from the Emergency		Med/Surg	Acute Stroke	Total		reporting.
(RLÅH) Transfers	Department and from Inpatient Units. Data Source: Manual record keeping.	# of Referral	56	N/A	-		
		# of transfers	12 (21%)	8	20		
		# of patients refused*	10 (18%)	NA	10		
		Referrals from Inpatients:					
			Med/Surg	Acute Stroke	Total		
		# of Referral	39 + (38)	N/A	-		
		# of transfers	26 + (8)	15	49		
		# of patients refused*	0	NA	0	1	
		Note = T referrals		als includes	Lower Level o	of Care (LLOC)	
		*patients	who refuse to	be transferr	ed		

Indicator	Definition	Data				Comments		
Indicator #6 – P	ediatric Metrics					:		
6. Pediatric Bed	Census: The total number admitted pediatric	Date	PICU (10 Beds)	NICU (40 Beds)	Peds Ward (25 Beds)	Med/Surg Adolescent (20 Beds)	Available capacity in all pediatric areas. Developing methods of collecting data regarding transfer	
Census and Occupancy (%)	inpatients at 12:00 AM midnight of a	11/8	4 (40%)	22 (55%)	9 (36%)	1 (5%)	denials in future reports.	
(70)	designated pediatric ward.	11/9	6 (60%)	23 (58%)	13 (52%)	2 (10%)		
Pediatric ICU (PICU)	Occupancy: The total number of	11/10	6 (60%)	25 (63%)	9 (36%)	4 (20%)		
Neonatal ICU (NICU)	admitted pediatric inpatients divided by	inpatients divided by	11/11	6 (60%)	26 (65%)	9 (36%)	3 (15%)	
Pediatric Unit	the total number of licensed beds on that	11/12	4 (40%)	26 (65%)	14 (56%)	3 (15%)		
Adolescent Unit	unit and reported as percentage.	11/13	4 (40%)	24 (60%)	18 (72%)	6 (30%)		
	Source of Data: Affinity							